

**California Children's Services (CCS)
High Risk Infant Follow-Up Program
HEALTH and DEVELOPMENTAL STATUS REPORT**

Instructions: This information must be collected at the initial assessment, routine follow-up visits, and at the final assessment. *Fax the completed form to (916) 327-1123. If you have any questions, call Kimie Kagawa, M.D. at (916) 327-2665 or Rachel Luxemberg, M.A. at (916) 327-1443.*

SECTION A: CLIENT TRACKING INFORMATION

1. CCS Number: **or** HRIF Client ID Number:
 2. Date of Assessment (MM/DD/YYYY): 3. Zip Code of Residency:
 4. Enter Your NICU's CPQCC Center Number:
 5. Assessment Visit:
Check all that are applicable

<input type="checkbox"/>	Option	<input type="checkbox"/>	Option
<input type="checkbox"/>	Client Seen	<input type="checkbox"/>	Client Not Seen
<input type="checkbox"/>	Option	<input type="checkbox"/>	Option
<input type="checkbox"/>	Completed Assessment	<input type="checkbox"/>	Failed Appointment
<input type="checkbox"/>	Incomplete or Partial Assessment Performed	<input type="checkbox"/>	Too Sick to be Evaluated
<input type="checkbox"/>	No Follow-Up Required Per HRIF Program	<input type="checkbox"/>	Other

If client failed to show up, check all that are applicable

<input type="checkbox"/>	Option	<input type="checkbox"/>	Option	<input type="checkbox"/>	Option
<input type="checkbox"/>	Left Geographic Area	<input type="checkbox"/>	Expired	<input type="checkbox"/>	Rescheduled
<input type="checkbox"/>	Lost to follow-up	<input type="checkbox"/>	Authorization Pending	<input type="checkbox"/>	Not Authorized
<input type="checkbox"/>	Other/Unknown	<input type="checkbox"/>		<input type="checkbox"/>	

6. Insurance Status: *Check (✓) all that apply at time of each visit*
 a. CCS b. Medi-Cal c. Healthy Families d. Commercial PPO e. Commercial HMO

SECTION B: GROWTH PARAMETERS AT TIME OF VISIT

7. Weight: gm 8. Length: cm 9. Head Circumference: cm

SECTION C: MEDICAL REHOSPITALIZATION

10. If the child was rehospitalized, check (✓) the category for rehospitalization.
 a. Pulmonary b. GI c. Cardiac d. Neurological e. Other

SECTION D: VISION IMPAIRMENT

11. Visual Impairment:
Check (✓) only one Unilateral Bilateral Unsure No Visual Impairment
12. Blindness Present:
Check (✓) only one Unilateral Bilateral Unsure Not blind

SECTION E: HEARING IMPAIRMENT

- Check (✓) only one*
13. Hearing Impairment: Unilateral Bilateral Unsure No Hearing Impairment
Check (✓) only one
14. Deafness Present: Unilateral Bilateral Unsure No Deafness Present

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SECTION F: CEREBRAL PALSY

Check (✓) all that apply

- 15. Cerebral Palsy:** Yes No
- a. *If Yes, Impairment:* Diplegia Hemiplegia Quadriplegia Monoplegia Other
- b. *If No, Muscle Tone:* Normal Abnormal
- c. *If Muscle tone is abnormal:* Hypotonia Hypertonia Both (hypotonia & hypertonia)

SECTION G: DEVELOPMENTAL TESTING

16. Please place a check (✓) by each test used.

Test	(✓)	Test	(✓)	Test	(✓)	Test	(✓)
BSID-II (2 nd Edition)		Bayley Screener		Gesell Developmental Schedule		Other	
BSID-III (3 rd Edition)		CAT/CLAMS		Mullens Scale		Other	
BINS		Denver II		WPPSI		Other	

Use of a norm-referenced assessment test is highly recommended. For norm referenced tests, classify infants in the following way:

Normal Development – Obtained score is within one standard deviation or above (>85, if mean is 100 and standard deviation (SD) is 15).

Borderline Development – Obtained score is between 1 and 2 SD below the mean (70 – 84 if the mean is 100 and SD is 15).

Deficient Development – Obtained score is greater than 2 SD below the mean (<70 if mean is 100 and SD is 15).

Based on the standardized range please check (✓) the category that best describes the child's developmental status.

	Developmental Status	Normal	Borderline	Deficient	Unable to Assess
17.	Cognitive Function				
18.	Motor Development				
	a. Fine Motor				
	b. Gross Motor				
19.	Language Development				

If your instrument has a global or composite score, report this score in Item 15 (Overall Clinical Appraisal of cognitive functioning).

20. Overall clinical appraisal of child's cognitive functioning:

Check (✓) only one

- Normal Suspect Impaired Unable to assess

SECTION H: CURRENT INTERVENTION

21. If the child is receiving current interventions, please check (✓) all responses that apply.

(✓)	Intervention	(✓)	Intervention	(✓)	Intervention
	Early Start		Speech Therapy		No Intervention
	Occupational Therapy		Medical Therapy Unit		Other: _____
	Physical Therapy		Home Visit Evaluation		

Please provide the following information for the person completing this form.

Name: _____ Phone: _____ Date Completed: _____